

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90199 037 ***150.00

DOCUMENT # P05000157230

1. Entity Name

ANGELAS CUSTOM PAINTING INC



Principal Place of Business

141 LEGENDLAKE DR
PANAMA CITY FL 32411

Mailing Address

PO BOX 27592
PANAMA CITY FL 32411

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6568 harbour blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

panama city beach FL

Zip

Country

Zip

Country

32407

USA

4. FEI Number NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILTON, ANGELA D
6568 HARBOUR BLVD
PANAMA CITY BEACH FL 32407

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: HILTON, ANGELA D
STREET ADDRESS: 6568 HARBOUR BLVD
CITY-ST-ZIP: PANAMA CITY BEACH FL 32407 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VP
NAME: HILTON, AUSTIN W
STREET ADDRESS: 6568 HARBOUR BLVD
CITY-ST-ZIP: PANAMA CITY BEACH FL 32407 ☐ Delete

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Angela D Hilton Angela D. Hilton 4/16/07 850 774 8712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #